

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF  
COMMITTEE (in full)☐(Check if name  
is changed)Example: If typing, type  
over the lines

12FE4M5

**Oregon Republican Party**

ADDRESS (number and street)

**Post Office Box 789**☐(Check if address  
is changed)**Salem****OR****97308**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

**503-587-9244**

2. DATE

M M  
0 1/ D D  
0 7/ Y Y Y Y  
2 0 0 8

3. FEC IDENTIFICATION NUMBER

**C C00153031**

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

**Charles S. Oakes**

Signature of Treasurer

Electronically Filed by **Charles S. Oakes**

Date

M M  
0 1/ D D  
0 7/ Y Y Y Y  
2 0 0 8

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2003)

## 5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of  
CandidateCandidate  
Party AffiliationOffice  
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate

- (d) ☒ This committee is a **STA** (National, State (or subordinate) committee of the **REP** (Democratic, Republican, etc.) Party.
- (e) ☐ This committee is a separate segregated fund
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

## 6. Name of Any Connected Organization or Affiliated Committee

Gordon Smith Victory Committee JFC

Mailing Address

228 S. Washington Str #115

Alexandria

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Joint Fundraising Rep

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

Write or Type Committee Name

**Oregon Republican Party**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Amy Langdon**

Mailing Address **P.O. Box 789**

**Salem** **OR** **97308** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Exec Director** Telephone number **503** - **587** - **9233**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Charles S. Oakes**

Mailing Address **P.O. Box 1047**

**Ontario** **OR** **97914** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** Telephone number **541** - **889** - **2302**

Full Name of Designated Agent **Charles S. Oakes**

Mailing Address **P.O. Box 1047**

**Ontario** **OR** **97914** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** Telephone number **541** - **889** - **2302**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BB&T  
Mailing Address 1909 K Street NW  
Washington DC 20006  
CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address  
CITY ▲ STATE ▲ ZIP CODE ▲

**Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ ADDITIONAL ]

Mailing Address

Wachovia Bank

1753 Pinnacle Dr., 3rd Fl.

McLean VA 22102

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

2004 Joint Victory State Commi

Mailing Address

228 S Washington St., Ste. 340

Alexandria VA 22314

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Joint Cmte. Rep.

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

**Designated Agent**

**[ ADDITIONAL ]**

Full Name

Mailing Address

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Title or Position ▼

CITY A

STATE ZIP CODE **A**

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Telephone number

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**[ ADDITIONAL ]**

### Mailing Address

[ ADDITIONAL ]

Cooperative

**Designated Agent**

**[ ADDITIONAL ]**

Full Name

Mailing Address

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Title or Position ▼

CITY A

STATE ZIP CODE **A**

---

Telephone number

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**Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ ADDITIONAL ]

Mailing Address

BB&T

1909 K Street NW

Washington, DC 200

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

Gordon Smith Victory Committee

Mailing Address

228 S. Washington Str #115

Alexandria, Virgin

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Joint Fundraising Rep

Type of Connected Organization:

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Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

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Membership Organization

☐

Trade Association

☐

Cooperative

**Designated Agent**

[ ADDITIONAL ]

Full Name

Mailing Address

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Title or Position ▼

CITY A

STATE ZIP CODE **A**

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Telephone number

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